



STATEMENT OF CHANGE OR NO CHANGE

Submitted To: City of Indianapolis, Department of Minority and Women Business Development

From: Contact Person(s): _____

Certified Firm: _____

Street Address: _____

City, State, Zip: _____

Mailing Address: _____

City, State, Zip: _____

Business Telephone Number: _____

Fax Number: _____

Email Address: _____

I affirm, under penalty of perjury, that the following correctly addresses issues regarding changes in the circumstances of the certified firm indicated above (please check the applicable box below):

☐

For MBE, WBE, VBE or DOBE Firms: There have been changes in the information provided with the firm's application for certification which may impact size standards, disadvantaged status, ownership, or control requirements. These changes are thoroughly explained in an attachment to this form.

☐

There have been no changes which affect the firm's ability to meet the disadvantaged status or ownership and control requirements of the City of Indianapolis, Marion County MBE/WBE/VBE/DOBE Business Utilization Plan.

☐

There have been no changes in the information provided with the firm's application for certification, except for changes about which you have been provided written notice as required.

Such notice(s), regarding _____
was forwarded to the Department of Minority & Women Business Development.

Failure to submit changes to DMWBD within 30 business days could affect your certification status; see 49 CFR § 26.83(i)(3).

Please return this completed form with all supporting documentation to the attention of:

Department of Minority & Women Business Development
Attn: Office Manager
1260 City County Building
200 E. Washington Street
Indianapolis, Indiana 46204



AFFIDAVIT OF CERTIFICATION

The undersigned swears or affirms that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of _____ as well as the ownership thereof.

(name of firm)

Any misrepresentation will be grounds for terminating any contract which may be awarded, to initiate action under federal, state, or local laws concerning false statements, or the denial of certification.

The Affidavit must be signed by the President, Chief Executive Officer, or the highest qualifying member/owner of the firm:

Signature of owner, officer or partner

Date Signed (*Month, day, year*)

NOTARY CERTIFICATE

STATE OF _____

COUNTY OF _____ SS: _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Signature of Notary Public

Printed or typed name of Notary Public

County of residence

Date commission expires

Revised Date 01/2016